

TRANSMITTAL FORM

(to be used for all correspondence after initial filing)

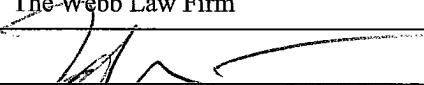
		Application Number	10/586,277	
		Filing Date	01/17/2005	
		First Named Inventor	Abram Evert Van Laar	
		Art Unit	1714	
		Examiner Name	Eric Golightly	
Total Number of Pages in This Submission		Attorney Docket Number		3135 - 062115

ENCLOSURES *(check all that apply)*

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts Under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Verification Of A Translation
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input checked="" type="checkbox"/> </div> <div style="flex: 1;"> Claim Fees Previously Paid: Total Claims: 17; Total Indpen. Claims: 3 </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="flex: 1;"> <input type="checkbox"/> </div> <div style="flex: 1;"> Claim Fees Due (see Fee Transmittal Form) </div> </div>		

The Commissioner for Patents is hereby authorized to charge any additional fees or underpayment of fees under 37 CFR 1.16 and 1.17 to Deposit Account No. 23-0650.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	The-Webb Law Firm		
Signature			
Printed Name	John W. McIlvaine		
Date	August 12, 2011	Reg. No.	34,219

CERTIFICATE OF TRANSMISSION / MAILING

I hereby certify that this correspondence is being electronically transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature	<u>Christine A. Canavan</u>		
Typed or printed name	Christine A. Canavan	Date	August 12, 2011